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PTO/SB/21 (12/97)
Approved for use through 9/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	09/661,203	
	Filing Date	September 14, 2000	
	First Named Inventor	Alnoor M. Shivji	
	Group Art Unit	2664	
	Examiner Name	Not Assigned	
Total Number of Pages in This Submission		Attorney Docket Number	5100P008

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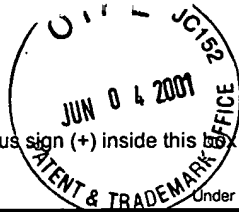
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><ul style="list-style-type: none">- Associate Power of Attorney- Change of Correspondence Address- Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 31, 2001

CERTIFICATE OF MAILING/TRANSMISSION			
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PTO/SB/17 (12/99)
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2000</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		Complete if Known																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 10%;">(\$)</td> <td style="width: 60%; text-align: right;">0.00</td> </tr> </table>		TOTAL AMOUNT OF PAYMENT	(\$)	0.00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application No.</td> <td style="width: 50%;">09/661,203</td> </tr> <tr> <td>Filing Date</td> <td>September 14, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Alnoor M. Shivji</td> </tr> <tr> <td>Examiner Name</td> <td>Not Assigned</td> </tr> <tr> <td>Group/Art Unit</td> <td>2664</td> </tr> <tr> <td>Attorney Docket Number</td> <td>5100P008</td> </tr> </table>		Application No.	09/661,203	Filing Date	September 14, 2000	First Named Inventor	Alnoor M. Shivji	Examiner Name	Not Assigned	Group/Art Unit	2664	Attorney Docket Number	5100P008
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<h4 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h4> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayments to:</p> <p>Deposit Account Number: 02-2666</p> <p>Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h4 style="text-align: center; margin: 0;">FEE CALCULATION</h4> <div style="border: 1px solid black; padding: 5px;"> <h5 style="margin: 0;">1. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 684-6200
Signature				Date	05/31/01

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